2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am Secretary of State DOCUMENT # J91191 SHALIMAR VIDEO CORPORATION 01-25-2001 90161 045 ***150.00 Principal Place of Business Mailing Address 1193-B EGLIN PARKWAY NORTH 1193-B EGLIN PARKWAY NORTH SHALIMAR FL 32579-8208 SHALIMAR FL 32579-8208 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2848108 Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUSH, LAWRENCE P. Street Address (P.O. Box Number is Not Acceptable) 25 WALTER MARTIN RD SUITE 203 FT WALTON BEACH FL 32548 Zip Code he purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity sub SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 16 \$150.00 9. This corporation is eligible to satisfy its Intangille 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete **PSD** TITLE NAME NAME HUDGENS, ROBERT S. STREET ADDRESS STREET ADDRESS 111 BEAL PKWY SE CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee impowered to exposure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

powered.

ING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

FILED